

CHILD CARE PROGRAMS REGISTRATION 2009 - 2010

ONE FORM PER FAMILY OR ADDRESS
* REQUIRED INFORMATION

FAMILY INFORMATION:

*Home Phone: _____

Email Address: _____

*Main Contact:

Last Name First Name Cell Phone # Work Phone # Sex

*Second Contact:

Last Name First Name Cell Phone # Work Phone # Sex

*Address: _____
Street City State & Zip Code

*Emergency Contact (other than parent): _____ Daytime Phone # _____

PARTICIPANT INFORMATION

* Last Name	*First Name	*D.O.B.	*Sex	*Course Name	*Course #	*Start Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

☐ **Special Needs Participants:** To adequately plan for a successful and rewarding experience, please contact our office (240-314-8620) upon registration. Ample time is needed to secure supplementary services and aides.

Registration Fee: _____



First Month Tuition: _____

Donation to Recreation Fund: _____

Sibling Discount: _____

TOTAL: _____

*PAYMENT METHOD: (check one)

☐ **Credit Card** (check type) ☐  ☐  Exp. Date: ____ / ____ / ____
Card # _____

Card Holder Name: _____

Signature: _____

☐ **Cash** (walk-in only) ☐ **Check Enclosed** (check #) _____

FOR OFFICE USE ONLY: ____ Mail in ____ Walk in ____ Fax ____ Drop off

Processed By: _____ Date Processed: _____ Total Paid: _____

____ Check ____ Cash ____ Charge ____ Other: _____

THREE EASY WAYS TO REGISTER!

1. **Fax:** 240-314-8659 / Attn: Child Care (Credit Card Only)
2. **Mail to:** City of Rockville, Dept. of Recreation & Parks, Child Care
3. **Drop off:** at the Recreation Counter, located on the upper level of Rockville City Hall from 8:30 am to 5:00 pm, weekdays.